APPLICATION FORM FOR MOBILITY GRANT FOR DOCTORAL STUDENTS OF GRADUATE SCHOOL OF THE BIOMEDICINE AND BIOTECHNOLOGY

Name of the PhD student: .............................................................................................................................
Topic of the PhD research and the supervisor(s): ............................................................................................
Name of the conference/research lab, address, time: .........................................................................................
Planned time of secondment: ..........................................................................................................................
Participation way (presentation, poster, heading or description of activities): ....................................................
Confirmation of acceptance (submission of abstract or confirmation letter by the receiver): ..............................
Planned expenses (maximum grant is 1500 euros per visit):
Transportation: ....................................................................................................................................................
Accommodation: ................................................................................................................................................
Participation fee: ................................................................................................................................................
Sum in total: ....................................................................................................................................................

“I guarantee the payment of 5 percent of the final sum of subsidy contributed by graduate school for doctoral student’s participation expenses”:
Self-financing source: ........................................................................................................................................
Keeper of the source of self-financing (date, name, signature): ........................................................................
Applicant name, profession and contact: ........................................................................................................
Applicant signature and date: ............................................................................................................................

NB! The application has to be applied to the coordinator electronically by the e-mail and also signed on the paper.
Annex 1.
The aim of the visit (motivation letter)

Annex 2.
Activity report (up to 5000 letters)